

# **“Bed Bugs vs. Scabies” Workshop**

A workshop for the following types of facilities:

- Alcohol or Drug Abuse Treatment Facilities
- Adult Group Care Facilities
- Community Triage Centers
- Transitional Living Facilities
- Halfway Houses

However, all facilities welcome.

Sponsored by: The Bureau of Health Care Quality and Compliance

**Date:**

Monday, September 26, 2011

**Time:**

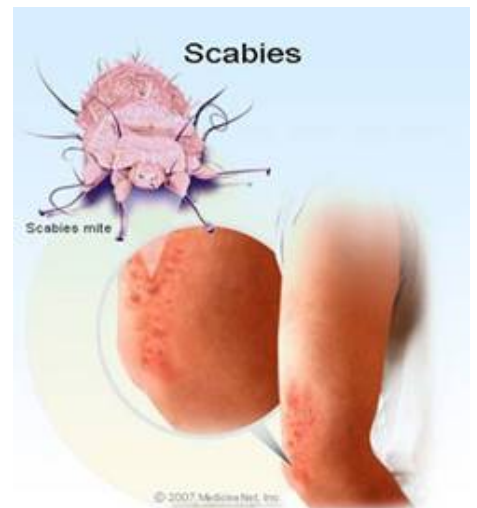
9:00am-12:00pm

**Location:**

Sierra NV Health Care System  
975 Kirman Ave  
Reno, NV 89502

**AGENDA**

- Registration
- Welcome
- Overview of Bed Bugs  
Vinny Valiente, Environmental Health Specialist
  1. Identification
  2. Control and Elimination
  3. Prevention
- Overview of Scabies  
Michelle Urrutia, Outbreak Manager NSHD  
Pam Graber, Public Information Office NSHD
  1. Scabies vs. Bedbugs: How Do They Differ?
  2. Identifying and Treating Scabies
  3. Prevention of Scabies
  4. Scabies Outbreak Management
- Closing comments and certificates



**Mail Registration Form to:**  
Stephanie Robbins  
Bureau of Health Care Quality and Compliance  
727 Fairview Drive  
Carson City, NV 89701

or fax to: BHCQC (775) 684-1073



REGISTRATION INFORMATION

**Registration** includes workshop materials, certificate of attendance for continuing education

**No Registration Fee**

Space is limited, so please **submit registration form on or before September 12, 2011** to reserve your seat. **No registration will be taken at the door.**

**For more information contact:** Vinny Valiente, [vvaliente@health.nv.gov](mailto:vvaliente@health.nv.gov).

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**September 26, 2011- Reno**  
Sierra NV Health Care System  
975 Kirman Ave  
Reno, NV 89502

Note: Please copy this form for additional registrations.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Note: Please print clearly, as e-mail will be used for future mailings!**

☐ I require special accommodations (please explain): \_\_\_\_\_

Note: Staff will do their best to accommodate special requests; however, some restrictions may apply.

Facility Name and Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax to: BHCQC (775) 684-1073